



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

| | |
|------------------------|------------------|
| Application Number | 09/954,801 |
| Filing Date | SEP 18, 2001 |
| First Named Inventor | PETER G. MIKHAIL |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

#3
3/5/03
JF

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

☒ Firm or
Individual Name

Address

1306 6th AVENUE

Address

City

SAN FRANCISCO

State

CA

ZIP

94122

Country

USA

Telephone

415. 664. 1139

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest.

☐

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

RECEIVED
FEB 27 2003
TECHNOLOGY CENTER 2800

Typed or Printed
Name

PETER G. MIKHAIL

Signature

P. Mikhail

Date

2/27/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐

*Total of _____ forms are submitted.